ARIZONA STATE BO. BUREAU OF VITAL PLACE OF BIRTH STANDARD CERTIFIC	L STATISTICS	State File No. 25 9
·	or Village	
No. (If birth occurred in Pull name of child Aureliana Tay)	a hospital or institution, give its N	No. 1
Sex of Child To be answered ONLY in event of plural births. J. Twin, triplet of other	7. Date	bleth 6 16 32 Month Day Year
patt name Francisco Frysa		THER Forms
Residence (Usual place of abode) If non-resident, give place and state.	 Residence (Usual place of abode) If non-resident, give place an 	id state.
Color or race 11. Age at last birthday (Years)	16. Color or race	Ago at last birthday 25 (Years)
(State or country)	18. Birthplace (city or place) (State or country)	7
3. Occupation Nature of Industry	19. Occupation Nature of Industry	Suc.
O. Number of children of this mother	now living 21. W	ero precautions taken against oph- halmia neonatorum,
CERTIFICATE OF ATTENDIN	O PHYSICIAN OR MIDWIFE	30 Am, on the date above stated,
*When there was no attending physician or midwile, then the father, householder, etc. should make this return. A stillborn child to one that neither breathes nor	rn alive or stillborn)	Kins
shows other evidence of life after pirin. Siven name added from supplemental report Month, day, year	man ly 23, 32 (ystelan or midwife),

each, and the number of each in